

ANSWER TO TERMINATION OF PARENTAL RIGHTS ("TPR") FORMS PACKET

The sample forms within this packet are to be used as a guide in completing the blank Court forms. Please do not submit sample forms.

All TPR blank and sample forms can be found on the Family Court website at: <https://courts.delaware.gov/family/tpr/forms.aspx>

Enclosed Blank and Sample forms:

- 1. Answer to Petition for Termination of Parental Rights - Form 113**

Optional Forms:

- 2. Motion - Form 191**
- 3. Notice of Motion - Form 192**
- 4. Order - Form 193**
- 5. Consent to Transfer and Terminate Parental Rights - Form 140**
- 6. Waiver of Rights under the Servicemembers' Civil Relief Act - Form 420**
- 7. Motion & Affidavit to be Found Indigent & Request for Appointment of an Attorney in Dependency Proceedings - Form 198DN**

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

ANSWER TO PETITION FOR TERMINATION OF PARENTAL RIGHTS

Petitioner

v. Respondent

Name	Name	File Number
Street Address	Street Address	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
Attorney Name	Attorney Name	

If a hearing is scheduled in this matter, will Petitioner need an interpreter? ☐ Yes (If yes, specify language _____) ☐ No
If a hearing is scheduled in this matter, will Respondent need an interpreter? ☐ Yes (If yes, specify language _____) ☐ No

The respondent hereby answers the Petition for Termination of Parental Rights ("TPR") as follows:

Part I.

A. Petitioner(s) resides at the address stated on the Petition.

- ☐ Admitted
☐ Denied for the following reason: _____

B. I (Respondent) reside at the address stated on the Petition.

- ☐ Admitted
☐ Denied for the following reason: _____

C. The child(ren)'s name, date of birth, place of birth, and gender are correctly stated on the Petition.

- ☐ Admitted
☐ Denied for the following reason: _____

D. The parents' names and addresses are correctly stated on the Petition.

- ☐ Admitted
☐ Denied for the following reason: _____

E. The name(s) and address(es) of the person(s) or organization having the guardianship, care, control or custody of the child(ren) are correctly stated on the Petition.

- ☐ Admitted
☐ Denied for the following reason: _____

F. The name(s) and address(es) of the person(s), Department or licensed agency to whom parental rights are sought to be transferred are correctly stated on the petition.

- ☐ Admitted
☐ Denied for the following reason: _____

G. If the proposed adoptive parent is not the petitioner, the proposed adoptive parent(s)' relationship to the child is correctly stated on the petition.

- ☐ Admitted
☐ Denied for the following reason: _____

H. Adoption of the child(ren) is possible and appropriate.

☐ Admitted

☐ Denied for the following reason: _____

I. If both parents' parental rights are sought to be terminated in the Petition, the possibility of placement of the child(ren) with blood relatives has been explored.

☐ Admitted

☐ Denied for the following reason: _____

J. Termination of my parental rights is in the best interests of the child(ren).

☐ Admitted

☐ Denied for the following reason:

Part II. Grounds for Termination of Parental Rights - 13 Del. C. §1103(a)

(Attach additional copies of Part II for each additional child named in the Petition for TPR)

K. Pursuant to 13 Del. C. §§ 1103(a)(1) and 1106, I agree (consent) to the granting of this Petition and I have provided a signed and notarized *Consent to Termination and Transfer of Parental Rights* (Form 140) to the Petitioner for filing with the Court.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

L. As defined under 13 Del. C. §§1101(1) and 1103(a)(2)(a), I have intentionally abandoned the child as evidenced by the fact that one of the following statements made in the Petition is true:

i. The child is younger than 6 months old at the time of filing the Petition **and** I failed to pay reasonable prenatal, natal and postnatal expenses in accordance with my financial means **and** I failed to visit regularly with the child **and** I failed to manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

ii. The child is at least 6 months old at the time of filing of the Petition **and** for at least 6 consecutive months (6 months in a row) during the year immediately before filing the Petition, I failed to communicate or visit regularly with the child **and** I failed to manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

iii. The child is younger than 6 years old at the time of filing the Petition **and** I have manifested (shown) the unwillingness to exercise my parental rights and responsibilities as evidenced by my placing the child in circumstances that left the child in substantial risk of injury or death.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

M. As defined under 13 *Del. C.* §§1101(1) and 1103(a)(2)(b), I have unintentionally abandoned the child because for 12 consecutive months (12 months in a row) in the 18 months before this Petition was filed, I failed to communicate or visit regularly with the child **and** I failed to file or pursue a pending Petition to establish paternity or to establish the right to have contact or visitation with the child **and** I failed to manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent) **and at least 1 of the following circumstances applies:**

➤ The child is not in the legal and physical custody of the *other* parent and I am not able or willing promptly to assume legal and physical custody of the child, and to pay for the child's support in accordance with my financial means;

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

- **OR** The child is in the legal and physical custody of the *other* parent and stepparent, and the stepparent is the prospective adoptive parent, and I am not able or willing promptly to establish and maintain contact with the child and to pay for the child's support in accordance with my financial means.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

- **OR** Placing the child in my legal and physical custody would pose a risk of substantial harm to the physical or psychological well-being of the child because the circumstances of the child's conception, my behavior during the mother's pregnancy or since the child's birth, or my behavior with respect to other children indicates that I am unfit to maintain a relationship of parent and child with the child.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

- **OR** Failure to terminate my parental rights over the child would be detrimental to the child.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

N. I am mentally incompetent and therefore unable to discharge parental responsibilities in the foreseeable future.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

O. I have been found by a Court of competent jurisdiction to have committed a felony level offense as described in subchapter II of Chapter 5 of Title 11 against a victim who was a child, **or** to have aided or abetted, attempted, conspired or solicited to commit a felony level offense against a child victim, **or** to have committed or attempted to commit the offense of *Dealing in Children* found at 11 Del. C. § 1100A, **or** to have committed the felony level offense of *Endangering the Welfare of a Child* found at 11 Del. C. § 1102.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

P. I am not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development **and 1 or more of the following conditions are met:**

i. **In the case of a child in the care of the Department of Services for Children, Youth and Their Families (the "Department") or a licensed agency,**

➤ The child has been in the care of the Department or licensed agency for a period of 1 year (or for a period of 6 months in the case of a child who comes into care as an infant) or there is a history of previous placement(s) of this child, **OR**

➤ There is a history of neglect, abuse, or lack of care of the child or other children by me, **OR**

➤ I am incapable of discharging parental responsibilities due to extended or repeated incarceration, **OR**

➤ I am not able or willing to assume promptly legal and physical custody of the child and to pay for the child's support in accordance with my financial means, **OR**

➤ Failure to terminate my parental rights over this child will result in continued emotional instability or physical risk to the child.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

ii. **In the case of a child in the home of a stepparent, guardian, permanent guardian, or blood relative**, the child has resided in the home of the stepparent, guardian, permanent guardian, or blood relative for a period of at least 1 year (or for a period of 6 months in the case of an infant) **and** I am incapable of discharging parental responsibilities and there is little likelihood that I will be able to discharge such parental responsibilities in the future.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

Q. My parental rights over a sibling (i.e. brother or sister or half-brother or half-sister) of the child have been involuntarily terminated in a prior proceeding.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

R. I have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

S. A child has suffered unexplained serious physical injury, near death, or death under such circumstances as would indicate that such injuries, near death, or death resulted from my intentional or reckless conduct or my willful neglect.

☐ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

Respondent/Attorney

Print Name

SWORN TO AND SUBSCRIBED before me this date: _____

Notary Public

Print Name

A copy of this answer must be sent to the Petitioner.

AFFIDAVIT OF MAILING

I affirm that a true and correct copy of this Answer was placed in the U.S. mail on this date, _____ and sent to the Petitioner or the attorney address listed on the Petition, being _____, first class postage pre-paid.

Respondent/Attorney

Print Name

SWORN TO AND SUBSCRIBED before me on this date, _____

Notary Public

Print Name

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CONSENT TO TERMINATE AND TRANSFER PARENTAL RIGHTS

Petitioner

v. Respondent

Name	Name	File Number
Street Address (including Apt)	Street Address (including Apt)	
P.O. Box Number	P.O. Box Number	Petition Number
City/State/Zip Code	City/State/Zip Code	
D.O.B.	D.O.B.	
Attorney Name	Attorney Name	

1. I _____ am the ☐ Mother ☐ Father of the following children:
_____, Born on _____
_____, Born on _____
_____, Born on _____
_____, Born on _____
2. I consent to the termination and transfer of my parental rights in my child(ren) named in paragraph 1 above for the purpose of adoption to:
☐ The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely: _____
☐ Chosen Adopted Parents: _____
3. I understand the importance of my decision and fully realize the effects of the termination of my parental rights in this child (these children).
4. I understand that by terminating my parental rights, all of my rights and obligations to this child (these children) will be extinguished, except for any arrearages of child support.
5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:
(a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent; **OR**
(b) I comply with the following instruction for revocation _____; **OR**
(c) the agency or individual that accepted the consent and I agree to its revocation.
6. I also understand that the Court may set aside my consent if I establish:
(a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or
(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.
7. ☐ I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).

8. ☐ I have read or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement.
9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
☐ my right to service of process;
☐ my right to notice of such a hearing;
☐ my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court.
☐ Yes
☐ No
12. ☐ The attorney who is representing me in regards to this consent is _____, Esq. Any questions I have about this consent were answered by the attorney. If I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney by checking this box: ☐
13. I understand that I will receive a copy of my signed consent.
14. I have signed this consent voluntarily and of my own free will. I have not been promised nor have I received any money or anything else of value in exchange for this consent.

_____ at _____ (AM/PM) _____
Date and Time Signed *Signature of Consenting Parent*

<i>Location of Signing</i> _____ _____ _____ _____	<i>Printed Name of Consenting Parent</i>
	<i>Mailing Address of Consenting Parent</i>
	<i>Street Address</i>
	<i>P.O. Box Number</i>
	<i>City/State/Zip Code</i>
	<i>Date of Birth of Consenting Parent</i>

TERMINATION OF PARENTAL RIGHTS CONSENT PARTY STATEMENT

I, _____, the ☐ mother ☐ father of _____
who was born on _____ do state that I:

1. Believe that placement of my child for adoption by _____, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of _____ and _____, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Consenting Party

Date

CONFIRMATION STATEMENT

I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 *Del. C.* § 1106(c) because I am
☐ A judge of a court of record;
☐ An individual designated by a judge to take consents;
☐ An employee designated by an agency to take consents;
☐ A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
☐ A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
☐ An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party
3. To the best of my knowledge and belief, the consenting party understands that he or she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party ☐ read/ ☐ was read the consent and understood it;
5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
☐ Not a minor; or
☐ Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are being transferred;
7. The individual executing the consent signed or confirmed the consent in my presence.

Date

*Authorized Person
(printed name)*

*Authorized Person
(signature)*

Agency: _____

Address: _____

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

)
)
) File No.: _____
)
)
) Petition No.: _____
)
)
)
) Respondent, _____

WAIVER OF RIGHTS UNDER THE “SERVICEMEMBERS CIVIL RELIEF ACT”

STATE OF DELAWARE)
)
_____ COUNTY) ss.

BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, (“Affiant”), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the “Servicemembers Civil Relief Act” and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

Respondent (“Affiant”)

SWORN TO AND SUBSCRIBED before me this date, _____, _____, _____

Notary Public or Clerk of Court

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

MOTION AND AFFIDAVIT TO BE FOUND INDIGENT AND REQUEST FOR APPOINTMENT OF AN ATTORNEY IN DEPENDENCY PROCEEDINGS

<i>Petitioner</i>		<i>Respondent</i>		File Number
Name		Name		
Street Address (including Apt)		Street Address (including Apt)		Petition Number
P.O. Box Number		P.O. Box Number		
City/State/Zip Code		City/State/Zip Code		
Phone Number	D.O.B.	Phone Number	D.O.B.	
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language		

I am the respondent in the above-captioned case, and I can not afford an attorney. I respectfully request the Court to appoint counsel.

I ☐ am ☐ am not presently employed.

Current monthly salary: \$ _____
If not employed, monthly salary from previous job: \$ _____
(Date last employed: _____)

If self-employed, average monthly income: \$ _____

TOTAL income from employment (a): \$ _____

I receive monthly payments from the following:

Pension: \$ _____
Unemployment Compensation: \$ _____
Worker's Compensation or disability payments: \$ _____
Interest or dividends: \$ _____
Other: \$ _____

TOTAL income from monthly payments (b): \$ _____

TOTAL from employment and payments (a+b): \$ _____

Monthly payments and living expenses:

Child Support: \$ _____
Mortgage / Rent: \$ _____
Automobile loan: \$ _____
Personal or other loan: \$ _____
Utilities: \$ _____
Food: \$ _____
Health Insurance: \$ _____
Automobile Insurance: \$ _____
Other: \$ _____

TOTAL monthly payments on debts (c): \$ _____

AVAILABLE INCOME (a+b-c) \$ _____

I have \$ _____ In cash and \$ _____ In checking and/or savings accounts.

OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:

I have received money from the following sources in the last 12 months:

Life Insurance: \$ _____
Other sources: \$ _____

Gifts or inheritance: \$ _____

I own the following, including estimated value:

Real Estate: \$ _____
Cars or other vehicles: \$ _____

Stocks or Bonds: \$ _____
Other Property: \$ _____

If an attorney does not represent me in this case there is a risk that the procedures used will lead to an erroneous decision because: _____

Reasons why I can not afford an attorney: _____

SWORN TO AND SUBSCRIBED before me this date,

Notary Public Signature

Date

Movant Signature

Movant Print Name

Do not sign until you are in the presence of a Notary Public.

NOTICE: Intentionally providing false, incomplete or misleading information on this form may result in criminal prosecution.

AFFIDAVIT OF MAILING

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on the ____ day of _____, _____ and sent to the other party or attorney at the address listed on the petition, first class postage pre-paid.

Movant

Sworn to subscribed before me this ____ day of _____, _____

Clerk of Court/ Notary Public

ORDER

Having considered the request of the movant, _____ ,

IT IS SO ORDERED, this

date: _____

That the movant ☐ is determined to be indigent, and the Court shall appoint counsel to represent him/her.
☐ is determined to not be indigent.

Judge/Commissioner Print Name

Judge/Commissioner Signature

CC: ☐ Petitioner ☐ Respondent ☐ Petitioner Attorney ☐ Respondent Attorney ☐ DAG ☐ Appointed Counsel
☐ FC.Appointed.Attorneys@delaware.gov ☐ Other: _____

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County

ANSWER TO PETITION FOR TERMINATION OF PARENTAL RIGHTS

Petitioner

v. Respondent

Check the County in which you are filing

Name Anne C. Smith	Name Michelle Jones
Street Address 101 Oak Street	Street Address 123 State Street
P.O. Box Number	P.O. Box Number
City/State/Zip Code Dover, DE 19901	City/State/Zip Code Dover, DE 19901
Attorney Name	Attorney Name

File Number CK04-1211
Petition Number 04-20028

Write in the file and petition number if known

If a hearing is scheduled in this matter, will Petitioner need an interpreter? ☐ Yes (If yes, specify language _____) ☐ No
If a hearing is scheduled in this matter, will Respondent need an interpreter? ☐ Yes (If yes, specify language _____) ☐ No

The respondent hereby answers the Petition for Termination of Parental Rights ("TPR") as follows:

Part I.

A. Petitioner(s) resides at the address stated on the Petition.

- ☒ Admitted
☐ Denied for the following reason: _____

Check the appropriate box depending on whether you admit or deny what the Petitioner stated in their petition. If you deny their statement, you should explain why. Use additional paper if need be.

B. I (Respondent) reside at the address stated on the Petition.

- ☐ Admitted
☒ Denied for the following reason: Moved to 123 State Street, Dover, DE 19901

C. The child(ren)'s name, date of birth, place of birth, and gender are correctly stated on the Petition.

- ☒ Admitted
☐ Denied for the following reason: _____

D. The parents' names and addresses are correctly stated on the Petition.

- ☒ Admitted
☐ Denied for the following reason: _____

E. The name(s) and address(es) of the person(s) or organization having the guardianship, care, control or custody of the child(ren) are correctly stated on the Petition.

- ☒ Admitted
☐ Denied for the following reason: _____

F. The name(s) and address(es) of the person(s), Department or licensed agency to whom parental rights are sought to be transferred are correctly stated on the petition.

- ☒ Admitted
☐ Denied for the following reason: _____

G. If the proposed adoptive parent is not the petitioner, the proposed adoptive parent(s)' relationship to the child is correctly stated on the petition.

- ☒ Admitted
☐ Denied for the following reason: _____

H. Adoption of the child(ren) is possible and appropriate.

☒ Admitted

☐ Denied for the following reason: _____

I. If both parents' parental rights are sought to be terminated in the Petition, the possibility of placement of the child(ren) with blood relatives has been explored.

☒ Admitted

☐ Denied for the following reason: _____

J. Termination of my parental rights is in the best interests of the child(ren).

☒ Admitted

☐ Denied for the following reason:

Part II. Grounds for Termination of Parental Rights - 13 Del. C. §1103(a)

(Attach additional copies of Part II for each additional child named in the Petition for TPR)

K. Pursuant to 13 Del. C. §§ 1103(a)(1) and 1106, I agree (consent) to the granting of this Petition and I have provided a signed and notarized *Consent to Termination and Transfer of Parental Rights* (Form 140) to the Petitioner for filing with the Court.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

L. As defined under 13 Del. C. §§1101(1) and 1103(a)(2)(a), I have intentionally abandoned the child as evidenced by the fact that one of the following statements made in the Petition is true:

i. The child is younger than 6 months old at the time of filing the Petition **and** I failed to pay reasonable prenatal, natal and postnatal expenses in accordance with my financial means **and** I failed to visit regularly with the child **and** I failed to manifest (show) an ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

ii. The child is at least 6 months old at the time of filing of the Petition **and** for at least 6 consecutive months (6 months in a row) during the year immediately before filing the Petition, I failed to communicate or visit regularly with the child **and** I failed to manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent).

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

iii. The child is younger than 6 years old at the time of filing the Petition **and** I have manifested (shown) the unwillingness to exercise my parental rights and responsibilities as evidenced by my placing the child in circumstances that left the child in substantial risk of injury or death.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

M. As defined under 13 *Del. C.* §§1101(1) and 1103(a)(2)(b), I have unintentionally abandoned the child because for 12 consecutive months (12 months in a row) in the 18 months before this Petition was filed, I failed to communicate or visit regularly with the child **and** I failed to file or pursue a pending Petition to establish paternity or to establish the right to have contact or visitation with the child **and** I failed to manifest (show) the ability and willingness to assume legal and physical custody of the child (if the child was NOT in the physical custody of the *other* parent) **and at least 1 of the following circumstances applies:**

➤ The child is not in the legal and physical custody of the *other* parent and I am not able or willing promptly to assume legal and physical custody of the child, and to pay for the child's support in accordance with my financial means;

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

- **OR** The child is in the legal and physical custody of the *other* parent and stepparent, and the stepparent is the prospective adoptive parent, and I am not able or willing promptly to establish and maintain contact with the child and to pay for the child's support in accordance with my financial means.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

- **OR** Placing the child in my legal and physical custody would pose a risk of substantial harm to the physical or psychological well-being of the child because the circumstances of the child's conception, my behavior during the mother's pregnancy or since the child's birth, or my behavior with respect to other children indicates that I am unfit to maintain a relationship of parent and child with the child.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

- **OR** Failure to terminate my parental rights over the child would be detrimental to the child.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

N. I am mentally incompetent and therefore unable to discharge parental responsibilities in the foreseeable future.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

O. I have been found by a Court of competent jurisdiction to have committed a felony level offense as described in subchapter II of Chapter 5 of Title 11 against a victim who was a child, **or** to have aided or abetted, attempted, conspired or solicited to commit a felony level offense against a child victim, **or** to have committed or attempted to commit the offense of *Dealing in Children* found at 11 Del. C. § 1100A, **or** to have committed the felony level offense of *Endangering the Welfare of a Child* found at 11 Del. C. § 1102.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

P. I am not able or have failed to plan adequately for the child's physical needs or mental and emotional health and development **and 1 or more of the following conditions are met:**

i. **In the case of a child in the care of the Department of Services for Children, Youth and Their Families (the "Department") or a licensed agency,**

➤ The child has been in the care of the Department or licensed agency for a period of 1 year (or for a period of 6 months in the case of a child who comes into care as an infant) or there is a history of previous placement(s) of this child, **OR**

➤ There is a history of neglect, abuse, or lack of care of the child or other children by me, **OR**

➤ I am incapable of discharging parental responsibilities due to extended or repeated incarceration, **OR**

➤ I am not able or willing to assume promptly legal and physical custody of the child and to pay for the child's support in accordance with my financial means, **OR**

➤ Failure to terminate my parental rights over this child will result in continued emotional instability or physical risk to the child.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

ii. **In the case of a child in the home of a stepparent, guardian, permanent guardian, or blood relative**, the child has resided in the home of the stepparent, guardian, permanent guardian, or blood relative for a period of at least 1 year (or for a period of 6 months in the case of an infant) **and** I am incapable of discharging parental responsibilities and there is little likelihood that I will be able to discharge such parental responsibilities in the future.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

Q. My parental rights over a sibling (i.e. brother or sister or half-brother or half-sister) of the child have been involuntarily terminated in a prior proceeding.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

R. I have subjected a child to torture, chronic abuse, sexual abuse, or life-threatening abuse.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

S. A child has suffered unexplained serious physical injury, near death, or death under such circumstances as would indicate that such injuries, near death, or death resulted from my intentional or reckless conduct or my willful neglect.

☒ Not applicable because the above statement was not alleged by Petitioner in the Petition for TPR.

☐ Admitted

☐ Denied for the following reason:

<hr/> <hr/> <hr/> <hr/>	Only sign and complete the next section in the presence of a Notary or Clerk of the Court
-------------------------	--

Michelle Jones

Respondent/Attorney

Michelle Jones

Print Name

SWORN TO AND SUBSCRIBED before me this date: _____

Donna King

Notary Public

Donna King

Print Name

A copy of this answer must be sent to the Petitioner.

AFFIDAVIT OF MAILING

I affirm that at true and correct copy of this Answer was placed in the U.S. mail on this date, 4/1/2005 and sent to the Petitioner or the attorney address listed on the Petition, being 101 Oak Street, first class postage pre-paid.

Michelle Jones

Respondent/Attorney

Michelle Jones

Print Name

SWORN TO AND SUBSCRIBED before me on this date, 4/1/05

Donna King

Notary Public

Donna King

Print Name

IMPORTANT INFORMATION REGARDING THE FILING

OF A MOTION

Presenting a motion before the Court requires the completion and filing of three separate documents.

The Generic Motion document (Form 191) must be filed along with the Notice of Motion (Form 192) and Form of Order (Form 193) documents.

The Family Court of the State of Delaware

Indicate here why you are motioning the Court.

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the box of the county where you are filing.

MOTION FOR Dismissal

Petitioner

Respondent

Name Ann C. Smith
Street Address (including Apt) 101 Oak Street
P.O. Box Number
City/State/Zip Code Dover, DE 19901
Date of Birth 4/1/1965
Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language

Name Michelle Jones
Street Address (including Apt) 123 State Street
P.O. Box Number
City/State/Zip Code Dover, DE 19901
Date of Birth 9/18/1965
Attorney Name
Interpreter needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language

File Number CK04-12111
Petition Number

Fill in the File and Petition numbers if you know them.

A PROCEEDING involving TPR Write the name of the Petition Filed having been filed heretofore in this Court, Movant hereby moves the Court for a Dismissal Indicate here why you are motioning the Court. and, in support thereof, alleges the following facts:

The allegations on the Petition are incorrect and incomplete.

#6 on the Grounds for Termination of Parental Rights is incomplete and incorrect. I do plan adequately for the physical, emotional and mental needs of my child.

The Petitioner failed to indicate why they feel as though I do not.

Detail why you feel the Petition should be dismissed.

Only sign in the presence of a Notary or Clerk of the Court

SWORN TO AND SUBSCRIBED
before me this date,

December 15, 2005

Donna King

Clerk of Court/Notary Public

Michelle Jones
Movant/Attorney

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date December 15, 2005, and sent to the other party or attorney at the address listed on the petition, being 101 Oak Street, Dover, DE 19901, first class postage pre-paid.

SWORN TO AND SUBSCRIBED
before me this date,

December 15, 2005

Donna King

Clerk of Court/Notary Public

Only sign in the presence of a Notary or Clerk of the Court

Michelle Jones
Movant/Attorney

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the box of the county where you are filing.

Anne Smith

Petitioner

v.

Michelle Jones

Respondent

File No.: CK04-12111

Petition No.: 04-12345

Fill in the file and petition numbers if known.

NOTICE OF MOTION

TO: Anne Smith
101 Oak Street
Dover, DE 19901

Fill in the address of the person of whom you are sending a notice.

Fill in the type of motion you have requested the Court to consider.

PLEASE TAKE NOTICE that the attached Motion for Dismissal is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

3/5/2005

Date

Fill in the date, your signature and your address.

Michelle Jones

Movant/Attorney Signature

Name and address of Movant/Attorney

Michelle Jones

Street Address (including Apt)

123 State Street

P.O. Box Number

City/State/Zip Code

Dover, DE 19901

(1) In and For ☐ New Castle ☐ Kent ☐ Sussex County

$$\begin{array}{c}) \\) \\) \\) \\) \\) \\) \\) \\) \end{array}$$

Petition No.: (5)

Name and address of Movant/Attorney
Street Address
P.O. Box Number
City/State/Zip Code

FAMILY COURT FORMS INSTRUCTIONAL MANUAL

SUBJECT: Form 192, Notice of Motion (Motion Package)

I. Definition

Form 192 is one of two documents that must accompany a motion at the time it is filed in Family Court in accordance with Family Court Rule 7(b)(1). Its purpose is to act as an informational cover sheet which the movant attaches to the copy of the motion that he/she is sending to the other party(ies) in the matter. In this way, the other party(ies) are notified that a motion has been filed in Family Court on a matter in which they have an interest.

II. Preparation

Form 192 is prepared by the movant, or party filing the motion. The original is submitted along with the motion (Form 191) and the form of order (Form 193) at the time of the filing of the motion in Family Court. It is the responsibility of the movant to send a copy of all three forms, completed as appropriate, to the other party(ies). Once it has been filed with the Court, the motion package is sent to case processing and then to a Judge/Commissioner for review. The notice of motion must be served according to Family Court Civil Rule 5(c).

III. Components

The following is entered in the appropriately numbered area(s):

1. An "x" to indicate the appropriate county of the Court.
2. The name of the petitioner.
3. The name of the respondent.
4. The Family Court file number (if known).
5. The Family Court petition number (if known).
6. The names and addresses of the parties to the case and of their attorneys, if applicable.
7. The type of motion being filed.
8. The signature of the attorney/party filing the motion.
9. The date that the motion is being filed.
10. The name and address of the attorney/party filing the motion.

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the county in which you are filing.

Anne Smith

Petitioner

v.

Michelle Jones

Respondent

File No.: CK04-12111

Petition No.: 04-12345

In Re: Motion of Dismissal

Complete the entire top portion and
your name as the movant and leave
the rest of the order blank.

ORDER

Having considered the request of the movant, Michelle Jones,

IT IS SO ORDERED, this date: _____

That

Judge/Commissioner

CC: ☐ Petitioner ☐ Respondent ☐ Petitioner Attorney

☐ Respondent Attorney ☐ DAG

☐ PD ☐ Fiscal Services ☐ DCSS

☐ FC.Appointed.Attorneys@state.de.us

☐ Other _____

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Respondent
Name
Michelle Jones
Street Address (including Apt. #)
123 State Street
P.O. Box Number
City/State/Zip Code
Dover, DE 19901

v. Respondent

Name Anne Smith	Name Michelle Jones	File Number CN07-0550
Street Address (including Apt) 101 Oak Street	Street Address (including Apt) 123 State Street	
P.O. Box Number 123	P.O. Box Number	Petition Number 07-0223
City/State/Zip Code Dover, DE 19901	City/State/Zip Code Dover, DE 19901	
D.O.B. 2/3/64	D.O.B. 11/12/67	
Attorney Name	Attorney Name	

- | | |
|------------|--------------------|
| Doug Smith | Born on 10/14/2005 |
| | Born on |
| | Born on |
| | Born on |

**Read all questions
carefully.**

- ☐ The individual(s) selected by the Dept. of Services for Children, Youth and Their Families or an approved adoption agency; namely:

☒ Chosen Adopted Parents: Anne Smith

5. I understand that after this consent is signed by me, this consent is final and may not be revoked by me for any reason except:

(a) within fourteen days of executing this consent, I notify in writing the agency or the individual to whom the parental rights have been transferred that I revoke my consent; or

(b) I comply with the following instruction for revocation _____; or

(c) the agency or individual that accepted the consent and I agree to its revocation.

- (a) By clear and convincing evidence, before a decree of adoption is issued, that my consent was obtained by fraud or duress; or

(b) By a preponderance of the evidence, that a condition permitting revocation, as expressly provided for in this consent, as set forth in Paragraph 5(b) above, has occurred.

7. ☒ I understand that this consent may be revoked if a court of competent jurisdiction decides not to terminate the other parent's rights to this child (these children).

8. ☒ I have read or have had read to me the Consent Party Statement set forth on an attachment to this form and fully understand and agree with each statement.
9. I understand that I have a right to file a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information. I am aware that, notwithstanding any other provision in the Delaware Code to the contrary, an adoptee 21 years of age or older may obtain a copy of his or her original record of birth from the State Registrar, even if that record has been impounded, unless the birth parent has, within the most recent three-year period, filed a written notarized statement with the Department of Health and Social Services, Division of Vital Statistics, denying the release of any identifying information.
10. I know and understand that I have the right to be served with a copy of the petition for termination of my parental rights and to attend a hearing on my important decision to terminate my parental rights in my child(ren). I understand that the Family Court may conduct a hearing on this matter, which I have a right to attend. I waive my rights to the following:
☒ my right to service of process;
☐ my right to notice of such a hearing;
☐ my right to attend the hearing.
11. I would like to receive a copy of the final order of the Court.
☒ Yes
☐ No
12. ☐ The attorney who is representing me in regards to this consent is _____, Esq. Any questions I have about this consent were answered by the attorney. If I do not have an attorney, I understand that if I cannot afford an attorney, an attorney may be appointed to represent me at no cost. I knowingly and voluntarily waive any right I might have to an attorney by checking this box: ☒
13. I understand that I will receive a copy of my signed consent.
14. I have signed this consent voluntarily and of my own free will. I have not received any money or anything else of value in exchange for this consent.

Only sign this form in the presence of an authorized person



April 4 2007 at 1:00pm (AM/PM)
Date and Time Signed

Michelle Jones
Signature of Consenting Parent

Michelle Jones

Printed Name of Consenting Parent

Location of Signing

Family Court

400 Court Street

Dover, DE 19901

Mailing Address of Consenting Parent

123 State Street

Street Address

P.O. Box Number

City/State/Zip Code

Dover, DE 19901

Date of Birth of Consenting Parent

2/15/85

**TERMINATION OF PARENTAL RIGHTS
CONSENT PARTY STATEMENT**

I, Michelle Jones, the ☒ mother ☐ father of Doug Smith
who was born on 10/14/05 do state that I:

1. Believe that placement of my child for adoption by Anne Smith, would be in the child's best interest.
2. Know that the decision to terminate my parental rights is an important one.
3. Know and understand that when my parental rights in my child are terminated, I will no longer be the legal parent of my child.
4. Know and understand that when I terminate my parental rights in my child that I give up all rights.
5. Know and understand that when I terminate my parental rights in my child and child is adopted, the child becomes the child of Anne Smith and Scott Smith, and as a result the child's name may be changed.
6. Know and understand that when I terminate my parental rights in my child, my child loses the right to inherit from me and I lose the right to inherit from him or her. This shall not in any way limit my right to provide for the disposition of my estate by will.
7. Know and understand that I have the right to be represented by an attorney in this matter, and may be entitled to have the Court appoint an attorney to represent me for free.

Michelle Jones
Consenting Party

April 4, 2007
Date

CONFIRMATION STATEMENT



I, the undersigned, hereby certify the following:

1. I am a person authorized to take consents to terminate parental rights under 13 Del. C. § 1106(c) because I am
☐ A judge of a court of record;
☐ An individual designated by a judge to take consents;
☐ An employee designated by an agency to take consents;
☐ A lawyer other than a lawyer who is representing an adoptive parent or the agency to which parental rights will be transferred;
☐ A commissioned officer on active duty in the military service of the United States, if the individual executing the consent is in the military service; or
☐ An officer of the Foreign Service or a consular officer of the United States in another country, if the individual executing the consent is in that country.
2. I have explained the contents and consequences of the consent to the consenting party
3. To the best of my knowledge and belief, the consenting party understands that he or she has the right to be represented by an attorney;
4. To the best of my knowledge and belief, the consenting party ☐ read/ ☐ was read the consent and understood it;
5. To the best of my knowledge and belief, the consenting party entered into the consent voluntarily;
6. To the best of my knowledge and belief, the individual is: (check one)
☐ Not a minor; or
☐ Is a minor parent and was advised by a lawyer who is not representing an adoptive parent or the agency to which parental rights are transferred;
7. The individual executing consent signed or confirmed the consent in my presence.

Date

Authorized Person
(printed name)

Authorized Person
(signature)

**This Confirmation
Statement is to be
completed by a
representative of the
Court**

Agency: _____
Address: _____

The Family Court of the State of Delaware

In and For ☐ New Castle ☒ Kent ☐ Sussex County

Check the
County in which
you are filing.

Anne C. Smith

Petitioner,

and

John D. Smith

Respondent,

File No.: CK04-12111

Petition No.: 04-36000

WAIVER OF RIGHTS UNDER THE "SERVICEMEMBERS CIVIL RELIEF ACT"

STATE OF DELAWARE

Kent COUNTY

ss.

Fill in the date you have the
form notarized.

BE IT REMEMBERED, that on this date, March 25, 2004, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, John D. Smith, ("Affiant"), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case;
2. That Affiant is active duty in the United States military; and
3. The Affiant waives his/her rights under the "Servicemembers Civil Relief Act" and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

Only sign this form in
the presence of a notary
or court staff.

The "Affiant" is the Respondent. ONLY the Respondent may complete this form. If you are the Petitioner in this proceeding, you may not complete this form.

John D. Smith
Respondent ("Affiant")

SWORN TO AND SUBSCRIBED before me this date, March 25, 2014

Ms. Marianne Notary
Notary Public or Clerk of Court

The Family Court of the State of Delaware

For ☐ New Castle County ☐ Kent County ☐ Sussex County

Enter the Petitioners information here. You will find it on the copy of the original petition.

PETITION AND AFFIDAVIT TO BE FOUND INDIGENT REQUEST FOR APPOINTMENT OF AN ATTORNEY IN DEPENDENCY PROCEEDINGS

Check the County in which you are filing

Petitioner

Respondent

Name	Name
Street Address (including Apt)	Street Address (including Apt)
P.O. Box Number	P.O. Box Number
City/State/Zip Code	City/State/Zip Code
Phone Number D.O.B.	Phone Number D.O.B.
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language	Language

File Number

Petition Number

Enter your information.
You are the Respondent.

Enter the file and petition numbers. You will find them on the copy of the original petition.

I am the respondent in the above-captioned case, and I can not afford an attorney. I respectfully appoint counsel.

I ☐ am ☐ am not presently employed.

Current monthly salary:

If not employed, monthly salary from previous job:
(Date last employed: _____)

Enter all information that applies to your circumstances.

If self-employed, average monthly income:

TOTAL income from employment (a): \$ _____

I receive monthly payments from the following:

Pension:

Unemployment Compensation:

Worker's Compensation or disability payments:

Interest or dividends:

Other:

TOTAL income from monthly payments (b): \$ _____

TOTAL from employment and payments (a+b): \$ _____

Monthly payments and living expenses:

Child Support:

Mortgage / Rent:

Automobile loan:

Personal or other loan:

Utilities:

Food:

Health Insurance:

Automobile Insurance:

Other:

TOTAL monthly payments on debts (c): \$ _____

AVAILABLE INCOME (a+b-c) \$ _____

I have \$ _____ In cash and \$ _____ In checking and/or savings accounts.

OTHER INCOME AND ASSETS THAT MAY BE CONSIDERED:

I have received money from the following sources in the last 12 months:

Life Insurance: \$ _____
Other sources: \$ _____

Gifts or inheritance: \$ _____

Continue to enter all
information that applies to
your circumstances.

I own the following, including estimated value:

Real Estate: \$ _____
Cars or other vehicles: \$ _____

Stocks or Bonds: \$ _____
Other Property: \$ _____

If an attorney does not represent me in this case there is a risk that the procedures used will lead to an erroneous decision because: _____

Reasons why I can not afford an attorney: _____

You will sign and print
your name here in the
presence of a Notary.

SWORN TO AND SUBSCRIBED before me this date,

Notary Public Signature

Date

Movant Signature

Movant Print Name

Do not sign until you are in the presence of a Notary Public.

NOTICE: Intentionally providing false, incomplete or misleading information on this form may result in criminal prosecution.

AFFIDAVIT OF MAILING

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on the _____ day of _____, _____ and sent to the other party or attorney at the address listed on the petition, first class postage pre-paid.

Sworn to subscribed before me this _____ day of _____, _____

Movant

Clerk of Court/ Notary Public

You will mail a copy of
this Motion to the other
party. Sign this portion in
the presence of a Notary

ORDER

Having considered the request of the movant, _____,
IT IS SO ORDERED, this
date: _____

Leave this section blank.
The Judicial Officer will
complete.

That the movant ☐ is determined to be indigent, and the Court shall appoint counsel to represent him/her.
☐ is determined to not be indigent.

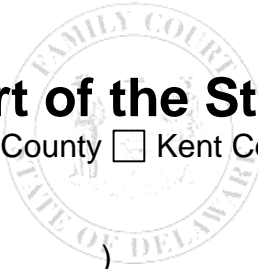
Judge/Commissioner Print Name

Judge/Commissioner Signature

CC: ☐ Petitioner ☐ Respondent ☐ Petitioner Attorney ☐ Respondent Attorney ☐ DAG ☐ Appointed Counsel
☐ FC.Appointed.Attorneys@delaware.gov ☐ Other: _____

The Family Court of the State of Delaware

In and For ☐ New Castle County ☐ Kent County ☐ Sussex County



_____,
Petitioner
v.
_____,
Respondent

File No.: _____

Petition No.: _____

Complete this information

NOTICE OF MOTION

TO:

Enter the address of the
Petitioner.

Enter the name of the
Motion

PLEASE TAKE NOTICE that the attached Motion _____
is herewith presented to the Court for consideration. If you are opposed to this motion, you must file a written response with the Court within ten (10) days of the service of this motion. If no response is timely filed, the motion may be decided without further opportunity for you to be heard on the matter. Family Court Rules, Rule 7(b)(2).

You will date and sign
your name here in the
presence of a Notary.

Date

Movant/Attorney

Enter your information
here

Print Name

Name and address of Movant/Attorney

Street Address

P.O. Box Number

City/State/Zip Code